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#### **Application Data Sheet**

#### **Application Information**

Application number::

09/774,751

Filing Date::

01/30/01

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

**AUTOMATED AGGREGATION AND** 

MANAGEMENT OF DISTRIBUTED ELECTRIC

LOAD REDUCTION

Attorney Docket Number::

020162-000210US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

**Total Drawing Sheets::** 

2

Small Entity?::

Yes

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

BEST AVAILABLE COPY

Secrecy Order in Parent Appl.::

No

**Applicant Information** 

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

Patrick

Middle Name::

Family Name::

**Davis** 

Name Suffix::

City of Residence::

Pflugerville

State or Province of Residence::

TX

Country of Residence::

US

Street of Mailing Address::

17909 Worley Drive

City of Mailing Address::

Pflugerville

State or Province of mailing address::

TX

Country of mailing address::

US

Postal or Zip Code of mailing address:: 78660

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

**Full Capacity** 

Given Name::

William Stevens

Middle Name::

Family Name::

Taber, Jr.

Name Suffix::

City of Residence::

San Anselmo

State or Province of Residence::

CA

REST AVALLA

Country of Residence::

US

Street of Mailing Address::

860 Butterfield Lane

City of Mailing Address::

San Anselmo

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94960

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Greg

Middle Name::

S.

Family Name::

Mattison

Name Suffix::

City of Residence::

Round Rock

State or Province of Residence::

TX

Country of Residence::

US

**Street of Mailing Address::** 

1109 Dalea Bluff

City of Mailing Address::

Round Rock

State or Province of mailing address::

TX

Country of mailing address::

US

Postal or Zip Code of mailing address:: 78664

# **Correspondence Information**

Correspondence Customer Number::

20350

Representative Information

Representative Customer Number::

20350

## **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application

Non-Provisional of

60/179,456

02/01/00

## **Foreign Priority Information**

Country::

Application number::

Filing Date::

## **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::